City of Hermosa Beach

1315 Valley Drive, Hermosa Beach, CA 90254 310.318-0203 - Fax 310.372-6186

Email: recordsrequest@hermosabch.org

| Received By: | colrK | | |
|-----------------|----------|--|--|
| Referred To: | PD | | |
| Date Referred:_ | 12-18-18 | | |

Public Records Request

The City of Hermosa Beach encourages public participation in the governing process and provides reasonable accessibility to all public records except those documents which are exempt from disclosure by express provisions of law or considered confidential or privileged under the law. The City is under no obligation to respond to requests which are not focused or specific. The City may withhold documents which are exempt from disclosure under state or federal law, including the attorney—client privilege or any other applicable privilege. The City, in accordance with Government Code Section 6253(b), has ten (10) days to respond to any request for public documents by indicating whether or not the documents exist and will be made available. Actual production of the documents may take somewhat longer depending upon their ease of availability and staff workload. To assist us in providing a timely response to your request, please fill out the form below and indicate the specific record/document you wish to review.

| Name (please print): | | Email: | | | |
|---|------------------------------------|---------------------|---|--|--|
| Matt McCool | | | mccool.matt@gmail.com | | |
| Address: | | Phone: | | | |
| 2358 Otono Cir. | | | 310-486-9696 | | |
| City: | | | Fax: | | |
| Thousand Oaks, CA 91362 | | n/a | | | |
| Record or Document Reques | sted: | | | | |
| To assist the City with your red | quest, please identify each requ | uested record/docu | ment separately. Please be as specific as | | |
| possible. Non specific inquiries may cause responses to be delayed or may prove to be burdensome and therefore the | | | | | |
| City may not be able to respon | d. (Additional sheets may be | used) Submit all re | equests to the City Clerk's Office. | | |
| | | | | | |
| I am respectfully requesting a | copy of the Complaint filed in cas | se 4SY008400. | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Photocopies are \$0.20 per page (Mailing fee, if applicable is \$3.00 plus postage). Fees must be paid before records are | | | | | |
| released. | | | | | |
| | | | | | |
| I agree to pay all applicable f | ees and charges per the City | Council Resolution | n of Fees for any copies I request of the | | |
| above mentioned document. Accepted method of payment: Cash or check. Credit card accepted in person only. | | | | | |
| MCCOOL.MATTHEW Digitally signed by MCCOOLMATTHEW.TODD.1280758457 | | | | | |
| DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, | | | | | |
| .TODD.1280758457 | Date: 2018.12.18 06:57:27 -08'00' | 18 | DEC 2018 | | |
| Signature | | Date | | | |
| | | | | | |
| For Departmental Use Only: | | | | | |
| Action Requested: | Action Taken: | Ву | Date | | |
| Review Only | Document Reviewed | ^ | Ion-Existent Document | | |
| Copies Requested | Copies Provided | | Other (Please Explain) | | |
| | Refusal/Reason | | | | |
| | - | | | | |
| For City Clerk's Use Only: | | | | | |
| Date Requestor Notified | Notified By: | | Date Picked Up or Mailed | | |